## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

| Effective December 8, 2004  |  |   |   |                                    |             |                                |            |                    | 10/201205              |            |                            |                        |
|---|--|---|---|------------------------------------|-------------|--------------------------------|------------|--------------------|------------------------|------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                               |  |   |   |                                    |             |                                |            | SMALL ENT          | ΠΥ                     | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES  |  |   |   |                                    |             |                                |            | RATE               | FEE                    | 1          | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.                                    | NT. = \$ 150                       |             | GE ENT. = \$ 300               | E          | BASIC FEE          |                        | OR         | BASIC FEE                  | 200                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Ar<br>(4) = \$50/               |                                    |             | ther situations = 100 / \$ 200 | E          | EXAM. FEE          |                        |            | EXAM. FEE                  | 300                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4 | ountries =   All (                 |             | ther situations = 250 / \$ 500 | s          | SEARCH FEE         |                        |            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | minus 100 =                        |             | / 50 =                         |            | X \$ 125 =         | l'y                    |            | X \$ 250 =                 | 700                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | / () min                                      | us 20 =                            | . ^         | _                              |            | X \$ 25 =          | <del></del> -          | OR         | X \$ 50 =                  | <u> </u>               |
| INDEPENDENT CLAIMS  |  |   | 3 mi  | nus 3 =                            | *           |                                |            | X \$ 100 =         | <u> </u>               | OR         | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT   |                                    |             | ľ                              | + \$ 180 = |                    | OR                     | + \$ 360 = |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |   |                                    |             |                                | -          | TOTAL              |                        | OR         | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |   |                                    |             |                                |            | SMALL E            | NTITY                  | OR         | OTHER SMALL E              |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |   | NUMB<br>PREVIO<br>PAID F           | BER<br>USLY | PRESENT<br>EXTRA               |            | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                 |             | =                              |            | X \$ 25 =          |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                                |             | =                              |            | X \$ 100 =         |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPENDENT CLAI                        |                                    |             |                                |            | + \$ 180 =         |                        | OR         | + \$ 360 =                 |                        |
|   |  |   |   |                                    |             |                                |            | OTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |   | (Colum                             | ın 2)       | (Column 3)                     |            |                    |                        |            |                            |                        |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ER<br>USLY  | PRESENT<br>EXTRA               |            | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                 |             | =                              |            | X \$ 25 =          |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                                |             | =                              |            | X \$ 100 =         |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                    |             |                                | -          | + \$ 180 =         |                        | OR         | + \$ 360 =                 |                        |
| TOTAL ADDIT. FEE  |  |   |   |                                    |             |                                |            |                    |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  |   |   |                                    |             |                                |            | _                  |                        |            | •                          |                        |

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.